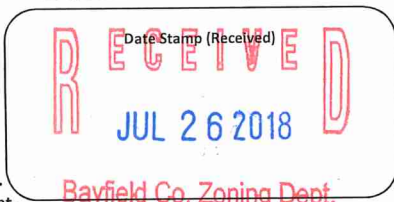


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



| | |
|--------------|---------------|
| Permit #: | 18-0276 |
| Date: | 8-2-18 |
| Amount Paid: | \$125 7/26/18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | | | | | |
| Owner's Name: Jeffrey Olson | | Mailing Address: | | City/State/Zip: | | Telephone: | |
| Address of Property: 55385 Valley Dr | | City/State/Zip: Barnes, WI | | 54873 | | Cell Phone: 218-343-9135 | |
| Contractor: Dan Archambeau | | Contractor Phone: 218-391-5233 | | Plumber: | | Plumber Phone: | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | Agent Phone: | | Agent Mailing Address (include City/State/Zip): | | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | Tax ID# 3635 | | Recorded Document: (Showing Ownership) 2017R 569567 | |
| 1/4, 1/4 | | Gov't Lot | | Lot(s) 18 | | CSM | |
| Vol & Page | | CSM Doc # | | Lot(s) No. | | Block(s) No. | |
| Section 18, Township 45 N, Range 9 W | | Town of: Barnes | | Lot Size 150x200' | | Subdivision: TROQUOIS POTAWATOMI | |

| | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue → | Distance Structure is from Shoreline : _____ feet | | |
| <input checked="" type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|--|---|--|--|---|--|
| \$16500 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> SLAB | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: CAV | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | | | | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | Use <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|---|-------------|------------|------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: 32' | Width: 28' | Height: 8' |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input checked="" type="checkbox"/> | Principal Structure (first structure on property) | 28' x 32' | 896' |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| Rec'd for Issuance AUG 01 2018 Municipal Use Secretarial Staff | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 7-26-18

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

Address to send permit: _____

Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
(4) Show: **All Existing Structures** on your Property
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|--------------|--|---|
| Setback from the Centerline of Platted Road | 65' 70' Feet | Setback from the Lake (ordinary high-water mark) | NA Feet |
| Setback from the Established Right-of-Way | 60' Feet | Setback from the River, Stream, Creek | NA Feet |
| | | Setback from the Bank or Bluff | NA Feet |
| Setback from the North Lot Line | 110' Feet | | |
| Setback from the South Lot Line | 20' Feet | Setback from Wetland | NA Feet |
| Setback from the West Lot Line | 110' Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 60' Feet | Elevation of Floodplain | NA Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | 170' Feet | Setback to Well | 65' Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|---|---|---|---|--------------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: 17-175 | # of bedrooms: 2 | Sanitary Date: 5-4-17 | |
| Permit Denied (Date): | | Reason for Denial: | | | |
| Permit #: 18-0276 | | Permit Date: 8-2-18 | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Inspection Record: STAKED | | | | Zoning District (R-1) | |
| | | | | Lakes Classification (-) | |
| Date of Inspection: 7/31/18 | | Inspected by: [Signature] | | Date of Re-Inspection: | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) | | | | | |
| Condition: No building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks. | | | | | |
| Signature of Inspector: | | | | Date of Approval: | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> | |

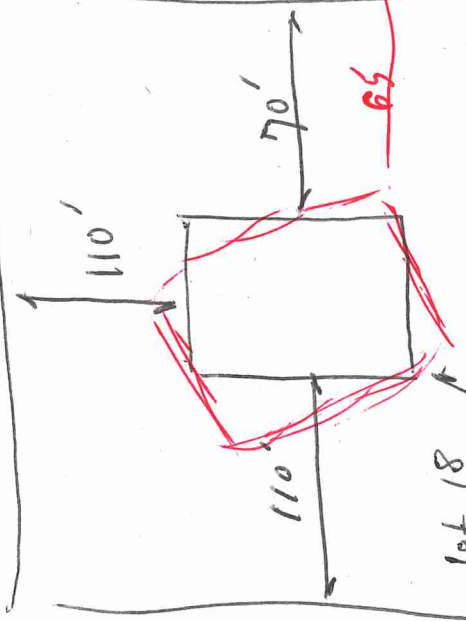
Jeffrey Olson
55385 Valley Dr
Barnes, WI

N

260'

Tax ID 3635

ROAD

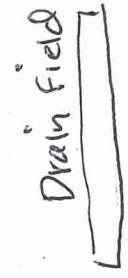


lot 18

65'

Tax ID 3636

ROAD



85'

lot 19

Tax ID 3806

ROAD

150'

lot 15

W

S

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0276** Issued To: **Jeffrey Olson**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **18** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **18** Block Subdivision **Iroquois Add to Potawatomi** CSM#

For: **Residential Principal Structure: [1- Story; Garage (28' x 32') = 896 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

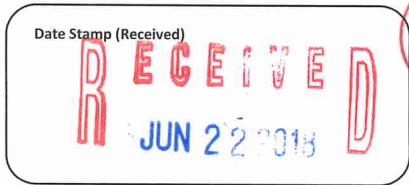
Authorized Issuing Official

August 2, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



| | |
|--------------|-------------------------------------|
| Permit #: | 18-0228 |
| Date: | 8-2-18 |
| Amount Paid: | \$175 6-25-18 ATF - \$175 8-2-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT Bayfield Co. Zoning Dept

| | |
|---|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | |
| Owner's Name: PETER + KELLY THOMPSON | |
| Mailing Address: 3843 N. CAHILL AVE CHICAGO IL 60618 | |
| City/State/Zip: CHICAGO IL 60618 | |
| Telephone: 773 600 9893 | |
| Address of Property: 49055 RIVER ROAD | |
| City/State/Zip: GORDON WI 54838 | |
| Cell Phone: | |
| Contractor: | |
| Contractor Phone: | |
| Plumber: | |
| Plumber Phone: | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | |
| Agent Phone: | |
| Agent Mailing Address (include City/State/Zip): | |
| Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) |
| SE 1/4, SE 1/4 IN SOUTH HALF | Gov't Lot |
| | Lot(s) |
| | CSM |
| | Vol & Page |
| | Lot(s) No. |
| | Block(s) No. |
| | Subdivision: |
| Tax ID# (4-5 digits) 2153 | |
| Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2017 R-567658 | |
| Section 18, Township 44 N, Range 09 W | |
| Town of: BARNES | |
| Lot Size | |
| Acreage 2.45 | |

| | | | | |
|---|--|--|---|---|
| <input checked="" type="checkbox"/> Shoreland → | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : 90 feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|---|---|--|---------------------------------------|---|--|
| \$ | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input checked="" type="checkbox"/> SHORT TERM RENTAL | <input type="checkbox"/> Foundation | | | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|--------------------------|--|------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2 nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2 nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| Rec'd for Issuance | | | | |
| AUG 02 2018 | | <input checked="" type="checkbox"/> Special Use: (explain) SHORT TERM RENTAL | (X) | |
| Secretarial Staff | | <input type="checkbox"/> Conditional Use: (explain) _____ | (X) | |
| | | <input type="checkbox"/> Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): P. Thompson Kelly Thompson
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date JUNE 18, 2018

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit _____

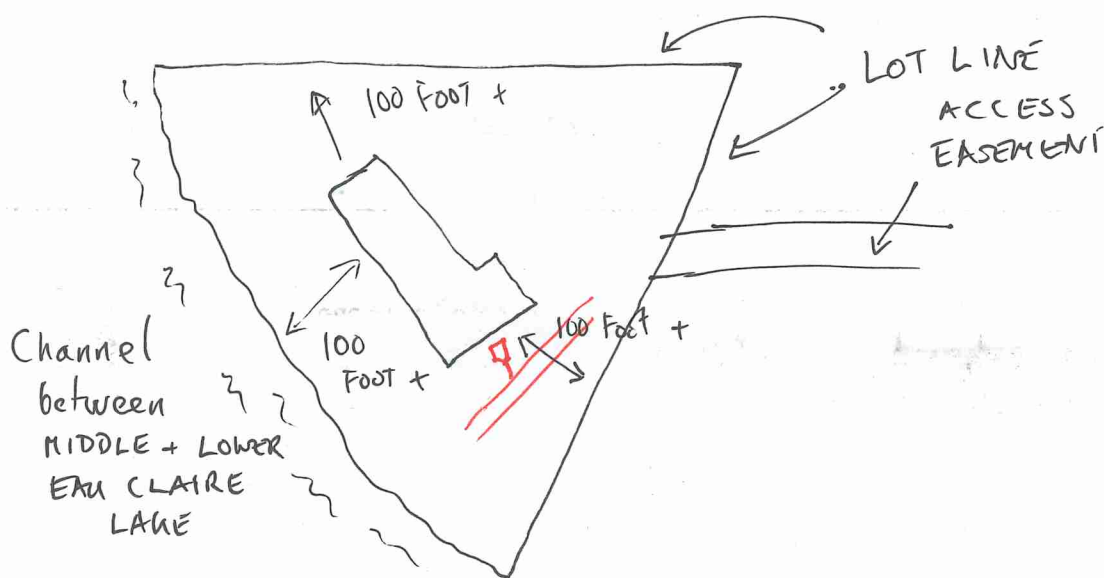
Attach
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | Feet | | |
| Setback from the South Lot Line | Feet | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | 20% Slope Area on property | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|--|--|---|---|--|---|
| Issuance Information (County Use Only) | | Sanitary Number: 17-215 | # of bedrooms: 3 | Sanitary Date: 5/11/17 | |
| Permit Denied (Date): | | Reason for Denial: | | | |
| Permit #: 18-0078 | | Permit Date: 8-2-18 | | | |
| Is Parcel a Sub-Standard Lot | <input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | | |
| Was Parcel Legally Created | | Were Property Lines Represented by Owner | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | | Was Property Surveyed | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Inspection Record: REENTER & ANSWERED THE DOOR | | | | | Zoning District () |
| | | | | | Lakes Classification () |
| Date of Inspection: 7/3/18 | | Inspected by: Alana | | Date of Re-Inspection: | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) | | | | | |
| Maximum occupancy limited to 8 based on Septic system design for dwelling. Must contact Bayfield County Health Department and secure licensure as required by State Statute | | | | | |
| Signature of Inspector: Alana | | | | Date of Approval: 8-2-18 | |
| Hold For Sanitary: <input type="checkbox"/> _____ | | Hold For TBA: <input type="checkbox"/> _____ | | Hold For Affidavit: <input type="checkbox"/> _____ | |
| | | | | Hold For Fees: <input type="checkbox"/> _____ | |

City, Village, State or Federal
Permits May Also Be Required
After-the-Fact

LAND USE – **X**
SANITARY – **17-21S**
SIGN –
SPECIAL – **Class A**
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0278** Issued To: **Peter & Kelly Thompson**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **18** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **896**

For: **Residential Other: [1 – Unit; 1 - Story; Short-term Rental]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Maximum occupancy limited to 8 based on septic system design for dwelling. Must contact Bayfield County Health Department and secure license as required by State Statute.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found
to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 2, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUL 31 2018
Bayfield Co. Zoning Dept.



| | |
|--------------|--------------|
| Permit #: | 18-0081 |
| Date: | 8-8-18 |
| Amount Paid: | \$117 8-1-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | | | |
|---|--|---|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input checked="" type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: <u>JOHN L. HARKNESS</u> | Mailing Address: <u>47085 CRANBERRY LAKE ROAD</u> | City/State/Zip: <u>GORDON, WI 54813</u> | Telephone: <u>715.376.2400</u> |
| Address of Property: <u>47085 CRANBERRY LAKE ROAD</u> | City/State/Zip: <u>BARNES, WI 54813</u> | Cell Phone: <u>715.716.2244</u> | |
| Contractor: <u>CLARY BUILDINGS</u> | Contractor Phone: <u>715.458.2233</u> | Plumber: <u>NA</u> | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION <u>62085 SE 1/4, SW 1/4</u> | Legal Description: (Use Tax Statement) | Tax ID# <u>2397</u> | Recorded Document: (Showing Ownership) <u>2009 R 527015</u> |
| Gov't Lot | Lot(s) | CSM | Vol & Page <u>1019/116</u> |
| CSM Doc # | Lot(s) No. | Block(s) No. | Subdivision: |
| Section <u>30</u> , Township <u>54</u> N, Range <u>9</u> W | Town of: <u>BARNES</u> | Lot Size | Acreage <u>10</u> |

| | | | | |
|---|--|---|---|---|
| <input checked="" type="checkbox"/> Shoreland → | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : _____ feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|--|---|---|--|--|-------------------------------|
| \$ <u>39,000</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> <u>SHAB</u> | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <u>N/A</u> |
| | <input type="checkbox"/> Relocate (existing bldg) | | | | <input checked="" type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | Use | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | <input checked="" type="checkbox"/> Year Round | | <input type="checkbox"/> Compost Toilet | |
| | | | <input type="checkbox"/> | | <input type="checkbox"/> None | |

| | | | |
|---|-------------------|------------------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: <u>48</u> | Width: <u>32</u> | Height: |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|--------------------------|--|---------------------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (specify) <u>POLE BUILDING</u> | (<u>48</u> X <u>32</u>) | <u>1,536</u> |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John L. Harkness
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date: 7/31/18

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: _____

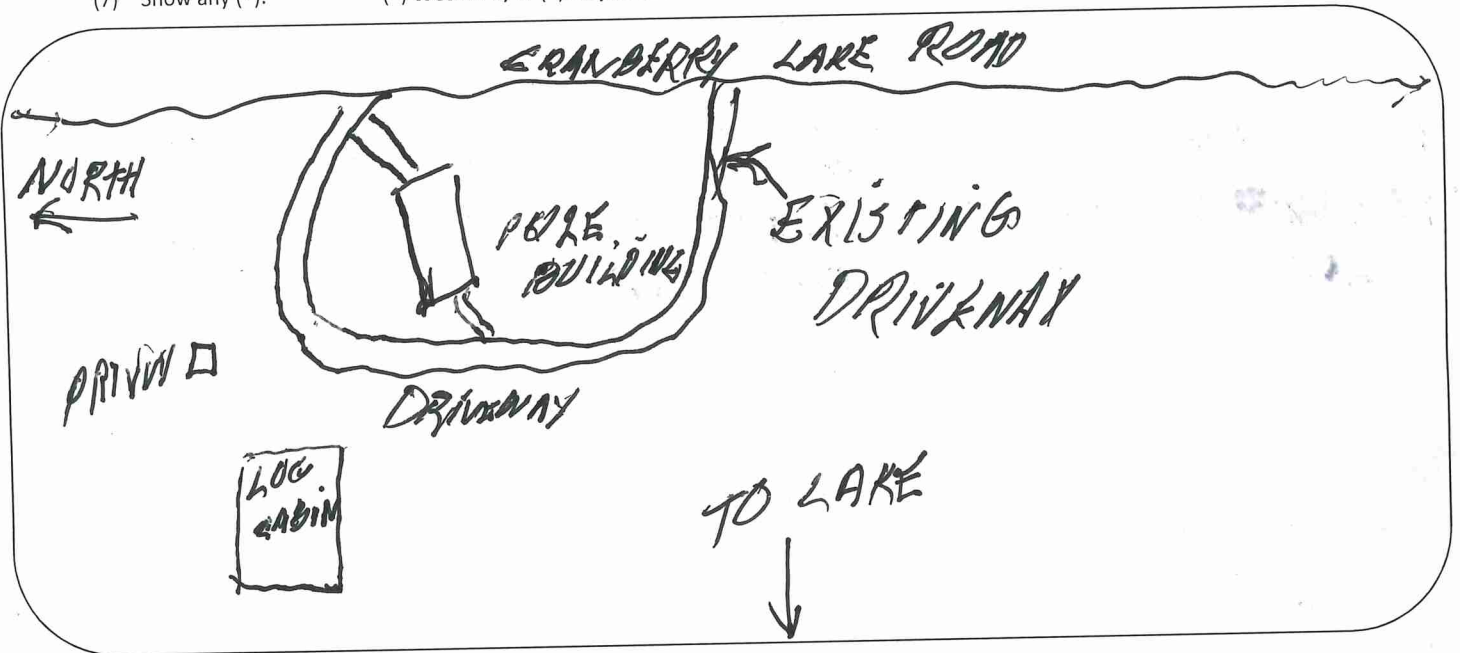
Address to send permit 47085 Cranberry Lake Rd
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 81.73 Feet | Setback from the Lake (ordinary high-water mark) | 150 Feet |
| Setback from the Established Right-of-Way | 75.62 Feet | Setback from the River, Stream, Creek | 130 Feet |
| | | Setback from the Bank or Bluff | |
| Setback from the North Lot Line | 400 Feet | Setback from Wetland | 100 Feet |
| Setback from the South Lot Line | 400 Feet | 20% Slope Area on the property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the West Lot Line | 100 Feet | Elevation of Floodplain | Feet |
| Setback from the East Lot Line | 500 Feet | | |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | N/A Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | 60 Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | |
|---|---|---|---|---------------------------|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: | |
| Permit Denied (Date): | | Reason for Denial: | | | |
| Permit #: 18-0281 | | Permit Date: 8-8-18 | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Previously Granted by Variance (B.O.A.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Case #: | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Inspection Record: STAKED | | Zoning District: (R-1) | | Lakes Classification: (2) | |
| Date of Inspection: 8-7-18 | | Inspected by: [Signature] | | Date of Re-Inspection: | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | | |
| Signature of Inspector: [Signature] | | Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks. | | Date of Approval: 8/8/18 | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> | |

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **None**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

No. **18-0281** Issued To: **Jon & Barbara Harknes**

E 20 RODS of

Location: **SE** $\frac{1}{4}$ of **SW** $\frac{1}{4}$ Section **30** Township **44** N. Range **9** W. Town of **Barnes**

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Accessory Structure: [1- Story; Pole Building (48' x 32') = 1,536 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUL 31 2018

Bayfield Co. Zoning Dept.

ENTERED

| | |
|--------------|--------------|
| Permit #: | 18-0282 |
| Date: | 8-8-18 |
| Amount Paid: | \$450 8-1-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

| | | | | | | | | | |
|--|--|--|-------------------------------------|------------------------------|---|---|--|----------------------------|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | | | | | | | |
| Owner's Name: Craig Tanner & Nathalie Straesheim | | | Mailing Address: 892 Vernon Ave. | | | City/State/Zip: Florence, IL 60022 | | Telephone: 773-490-9456 | |
| Address of Property: 50505 Martin Rd | | | City/State/Zip: Barnes, WI 54873 | | | Cell Phone: 773-490-9456 | | | |
| Contractor: Yoders Carpentry | | | Contractor Phone: 715-469-9452 | | Plumber: UTech Plumbing | | Plumber Phone: 4616 558-446 | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | | Agent Phone: | | Agent Mailing Address (include City/State/Zip): | | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | Tax ID# (4-5 digits) 1822 | | Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2015R R- 960677 | | | |
| 1/4, 1/4 | | Gov't Lot 1 | Lot(s) | CSM 88 | Vol & Page 2/101 | Lot(s) No. 4 | Block(s) No. | Subdivision: | |
| Section 10, Township 44 N, Range 09 W | | | | Town of: Barnes | | Lot Size 1.138ac | | Acreage 1.138 | |

| | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : 230 feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories and/or basement | Use | # of bedrooms | What Type of Sewer/Sanitary System Is on the property? | Water |
|--|--|---|--|---------------------------------------|---|--|
| \$ 150,000 | <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Seasonal | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Year Round | | <input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input checked="" type="checkbox"/> 2-Story | | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> Basement | | | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> No Basement | | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | <input type="checkbox"/> Foundation | | | <input type="checkbox"/> Compost Toilet | |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|---|------------|-----------|---------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: 40 | Width: 26 | Height: 27'6" |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input checked="" type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (26 X 40) | 1040 |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2 nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2 nd) Deck | (X) | |
| | | with Attached Garage | (26 X 40) | 1040 |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Nathalie Straesheim
(If there are Multiple Owners listed on the Deed ALL Owners must sign or letter(s) of authorization must accompany this application)

Date 6/16/18

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit Yoders Carpentry 12064N Lower Tw. Lk. Rd. Hayward, WI 54843
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

see attached page

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | | Description | Measurement |
|---|-------------|------|--|---|
| Setback from the Centerline of Platted Road | 320 325 | Feet | Setback from the Lake (ordinary high-water mark) | 230 |
| Setback from the Established Right-of-Way | 325 | Feet | Setback from the River, Stream, Creek | |
| | | | Setback from the Bank or Bluff | |
| Setback from the North Lot Line | 165 | Feet | | |
| Setback from the South Lot Line | 53 | Feet | Setback from Wetland | |
| Setback from the West Lot Line | 230 | Feet | 20% Slope Area on property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 325 | Feet | Elevation of Floodplain | |
| | | | | |
| Setback to Septic Tank or Holding Tank | 50 | Feet | Setback to Well | |
| Setback to Drain Field | 15 | Feet | | |
| Setback to Privy (Portable, Composting) | | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | | | |
|--|---|---|--|-----------------------|---|--|
| Issuance Information (County Use Only) | | Sanitary Number: 18-735 | | # of bedrooms: 3 | Sanitary Date: 8-6-18 | |
| Permit Denied (Date): | | Reason for Denial: | | | | |
| Permit #: 18-0282 | | Permit Date: 8-8-18 | | | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Inspection Record: STAKED VV Steep Bank - No Focused H2O | | | Zoning District (R-7) Lakes Classification () | | | |
| Date of Inspection: 8-7-18 | | | Inspected by: [Signature] | | Date of Re-Inspection: | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) | | | | | | |
| Signature of Inspector: [Signature] | | | Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. | | | |
| Hold For Sanitary: <input checked="" type="checkbox"/> | | | Hold For TBA: <input type="checkbox"/> | | Hold For Affidavit: <input type="checkbox"/> | |
| Hold For Fees: <input type="checkbox"/> | | | Date of Approval: 8/8/18 | | | |

the box below

WATER ELEVATION 5/6/16 -
1135.5 FT.

ORANGE TAPE: SAVE



I, JASON R. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:

THAT ON THE ORDER OF NATHALIE STRASSHEIM, I HAVE MADE A TOPOGRAPHIC SURVEY AND MAP OF LOT 1 OF CSM NO. 88, LOCATED IN GOVERNMENT LOT 4 OF SECTION 10, T. 44 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN

THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND

THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

JASON R. NELSON PLS - 3092

SCALE: 1" = 20'-0"

NOTES:

ELEVATIONS ARE NAVD88 (FT.)

CONTOUR INTERVAL EQUALS ONE FOOT

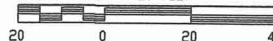
BM-1 - 8" SPIKE SET IN THE EAST FACE OF A 24" RED PINE
ELEVATION - 1190.83 FT.

SEE BAYFEILD COUNTY CERTIFIED SURVEY MAP NO. 88, RECORDED IN
VOLUME 2 OF CSM ON PAGE 101, FOR CORNER TIES

THE ORDINARY HIGH WATER LINE (OHWL) OF UPPER EAU CLAIRE LAKE IS APPROXIMATE AND FOR REFERENCE PURPOSES ONLY

THE 75' SETBACK LINE IS APPROXIMATE. CONTACT BAYFIELD COUNTY ZONING (715-373-6138) FOR OHWL AND 75' SETBACK DETERMINATION PRIOR TO PLANNING OR CONSTRUCTION.

SCALE: 1 INCH = 20 FEET



ISSUED: 06/27/16

REVISÉ: 06/18/18

SCALE: SEE PLAN

DRAWN BY: J.R.M.

JOB #: 16-31

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2018

PROPOSED GARAGE FOR:

CRAIG TANNER & NATHALIE STRASSHEIM
SITE PLAN



**NELSON
DESIGN**

16015W NURSERY RD.
HAYWARD, W. 54843
PHONE: (715) 634-456
NELSONLUMBER.COM

ISSUED FOR PERMIT

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **18-73S**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0282** Issued To: **Craig Tanner & Nathalie Strassheim**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **10** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1** Block Subdivision CSM# **88**

For: **Residential Use: [1- Story; Residence (26' x 40') = 1,040 sq. ft.; Attached Garage (26' x 40') = 1,040 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



| | |
|--------------|--------------|
| Permit #: | 18-0283 |
| Date: | 8-8-18 |
| Amount Paid: | 7/31/18 \$75 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | | | |
|--|--|---|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: Sandra Anderson | Mailing Address: | City/State/Zip: | Telephone: |
| Address of Property: 50980 Birch Lk. Rd. | City/State/Zip: Barnes, WI 54873 | | Cell Phone: 630-204-7979 |
| Contractor: Denny Archambault | Contractor Phone: 715-203-3911 | Plumber: 5733 | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION | Legal Description: (Use Tax Statement) | Tax ID# 1.729 | Recorded Document: (Showing Ownership) 201213 544488 |
| 1/4, 1/4 | Gov't Lot | Lot(s) 12/3 | CSM |
| | | Vol. & Page 1/267 | CSM Doc # 570/126 |
| Section 9, Township 44 N, Range 9 W | Town of: Barnes | Lot(s) No. | Block(s) No. |
| | Lot Size | Acreage 1.8 | |

| | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Shoreland → | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : 150 feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|---|---|--|--|---|--|
| \$ 1500.00 | <input type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> Slab | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | | | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | Use | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | <input type="checkbox"/> Year Round | | <input type="checkbox"/> Compost Toilet | |
| | | | <input type="checkbox"/> | | <input type="checkbox"/> None | |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|-------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2 nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2 nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) | (X) | |
| | <input checked="" type="checkbox"/> | Addition/Alteration (specify) To Garage | (12 X 16) | 196 |
| | <input type="checkbox"/> | Accessory Building (specify) | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) | (X) | |
| | <input type="checkbox"/> | Other: (explain) | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

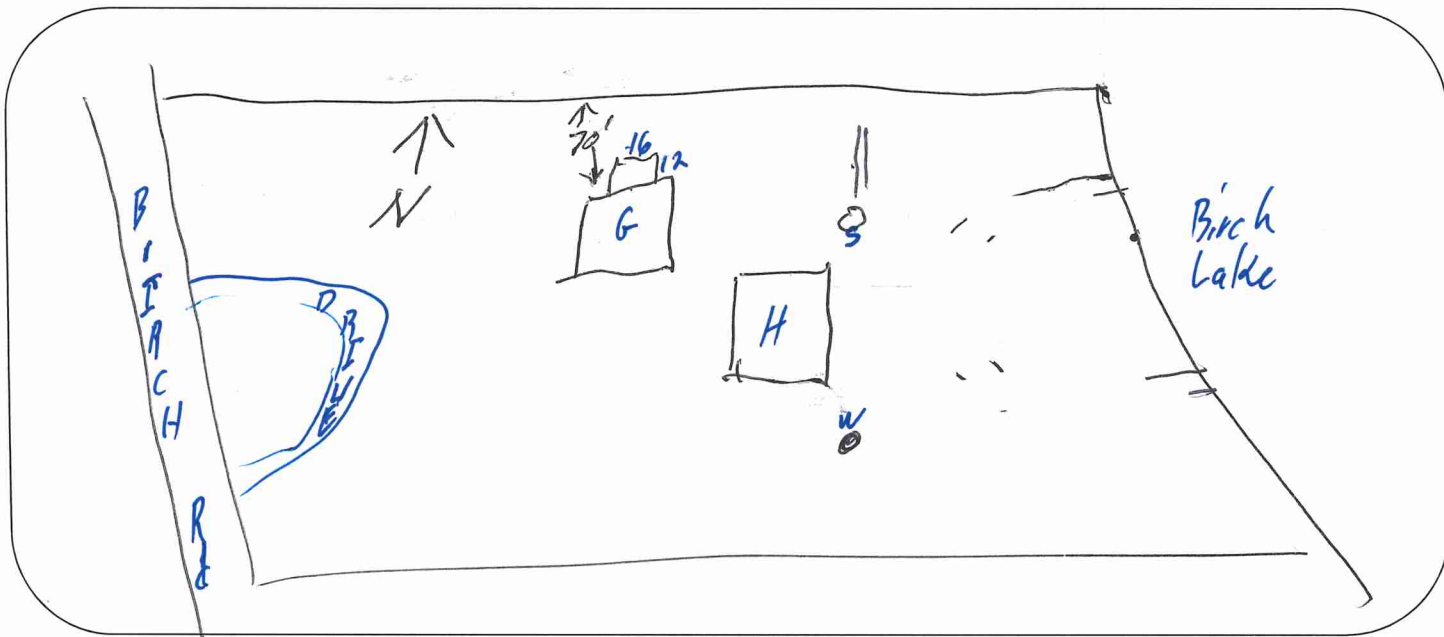
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sandra Anderson Date: 7.31-18
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date:

Address to send permit: Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | — Feet | Setback from the Lake (ordinary high-water mark) | 200 Feet |
| Setback from the Established Right-of-Way | 200 + Feet | Setback from the River, Stream, Creek | 200 Feet |
| | | Setback from the Bank or Bluff | — Feet |
| Setback from the North Lot Line | 55 Feet | | |
| Setback from the South Lot Line | 200 Feet | Setback from Wetland | — Feet |
| Setback from the West Lot Line | 200 Feet | 20% Slope Area on the property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | 200 Feet | Elevation of Floodplain | — Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | 90 Feet | Setback to Well | 100 + Feet |
| Setback to Drain Field | 75 Feet | | |
| Setback to Privy (Portable, Composting) | — Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|---|---|---|---|--------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 18-0283 | | Permit Date: 8-8-18 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s)) | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Inspection Record: STALLED / FOR MOB | | Zoning District (R-1) | | |
| | | Lakes Classification (2) | | |
| Date of Inspection: 8-7-18 | Inspected by: [Signature] | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | |
| <div style="border: 1px solid black; padding: 5px;"> <p>Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.</p> </div> | | | | |
| Signature of Inspector: [Signature] | | Date of Approval: 8/8/18 | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

City, Village, State or Federal
May Also Be Required
LAND USE - **X**
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **18-0283** Issued To: **Sandra Anderson**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **9** Township **44** N. Range **9** W. Town of **Barnes**

BEING A PART IN LOT 3

Gov't Lot Lot **1 & 2** Block Subdivision CSM#

For: **Residential Accessory Structure Addition: [1- Story; Garage Addition (12' x 16') = 196 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



| | |
|--------------|--------------|
| Permit #: | 18-0886 |
| Date: | 8-8-18 |
| Amount Paid: | \$400 8-1-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

| | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|--------------------------------|--|---|--|--|--|--|--|--------------------------------|--|
| TYPE OF PERMIT REQUESTED → | | <input type="checkbox"/> LAND USE | | <input type="checkbox"/> SANITARY | | <input type="checkbox"/> PRIVY | | <input type="checkbox"/> CONDITIONAL USE | | <input type="checkbox"/> SPECIAL USE | | <input type="checkbox"/> B.O.A. | | <input type="checkbox"/> OTHER | |
| Owner's Name: PHIL MARTI | | | | Mailing Address: 1617 KELLER LAKE DRIVE BURNSVILLE, MN 55306 | | | | City/State/Zip: 55306 | | | | Telephone: 612-885-1026 | | | |
| Address of Property: 5140 Calk O'Winds Rd | | | | City/State/Zip: BARNES, WI 55 | | | | | | | | Cell Phone: 612-961-0383 | | | |
| Contractor: NONE | | | | Contractor Phone: | | | | Plumber: | | | | Plumber Phone: | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | | | | Agent Phone: | | | | Agent Mailing Address (include City/State/Zip): | | | | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| PROJECT LOCATION | | Legal Description: (Use Tax Statement) | | | | Tax ID# 1223 | | | | Recorded Document: (Showing Ownership) 2003A 464783 | | | | | |
| S 1/4 NW 1/4 | | Gov't Lot | | Lot(s) | | CSM | | Vol & Page 867/846 | | CSM Doc # | | Lot(s) No. | | Block(s) No. | |
| Section 2, Township 44 N, Range 9 W | | Town of: BARNES | | | | Lot Size | | | | Acreage 6 | | | | | |

| | | | | |
|---|--|---|--|--|
| <input checked="" type="checkbox"/> Shoreland | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : 20 feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|--|---|--|--|---|-------------------------------|
| \$ 1,500 | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> Footings | <input type="checkbox"/> 3 | <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> |
| | <input type="checkbox"/> Relocate (existing bldg) | | Use | <input type="checkbox"/> | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | <input checked="" type="checkbox"/> Year Round | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> Compost Toilet | |
| | | | | | | <input type="checkbox"/> None |

| | | | |
|---|---------|-----------|-------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: 8' | Height: 10' |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|--------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Accessory Building (specify) Boat House | (12' X 8') | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Phil Marti
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

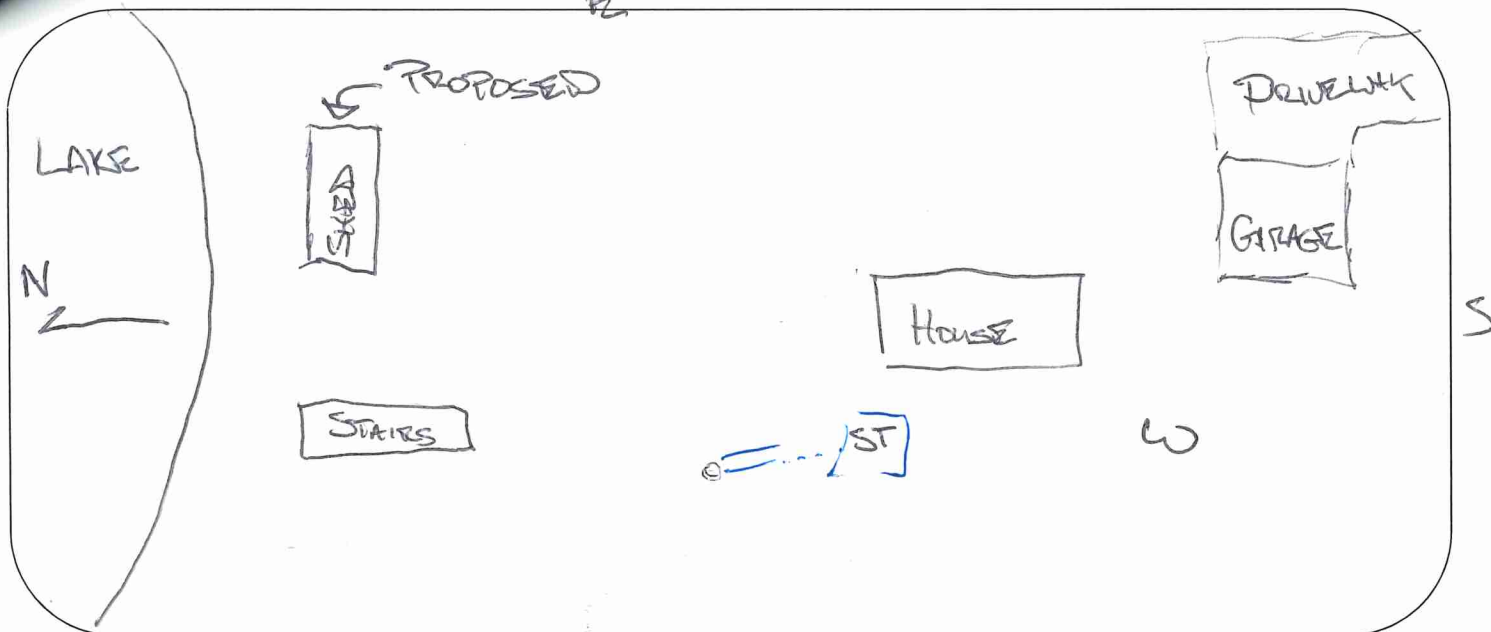
Address to send permit 1617 KELLER LAKE DRIVE
BURNSVILLE, MN 55306

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|--|
| Setback from the Centerline of Platted Road | — Feet | Setback from the Lake (ordinary high-water mark) | 20 Feet |
| Setback from the Established Right-of-Way | 800 Feet | Setback from the River, Stream, Creek | 0 Feet |
| Setback from the North Lot Line | 20 Feet | Setback from the Bank or Bluff | 0 Feet |
| Setback from the South Lot Line | 900 Feet | Setback from Wetland | — Feet |
| Setback from the West Lot Line | 106 Feet | 20% Slope Area on the property | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 32 Feet | Elevation of Floodplain | — Feet |
| Setback to Septic Tank or Holding Tank | 200 Feet | Setback to Well | 250 Feet |
| Setback to Drain Field | 150 Feet | | |
| Setback to Privy (Portable, Composting) | — Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|---|---|--|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 18-0286 | | Permit Date: 8-8-18 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Inspection Record: 54 Aved | | Zoning District (R-3) | | |
| Driveway erosion | | Lakes Classification (2) | | |
| Date of Inspection: 8-7-18 | Inspected by: AP | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | |
| Signature of Inspector: [Signature] | | Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. + as Regulated in | | |
| Hold For Sanitary: <input type="checkbox"/> | | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> |
| | | Date of Approval: 8-8-18 | | |

City, village, State or Federal
Permits May Also Be Required

AND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0286** Issued To: **Philip & Roxanne Marti**

Par in S $\frac{1}{2}$ of

Location: **NW** $\frac{1}{4}$ of - $\frac{1}{4}$ Section **2** Township **44** N. Range **9** W. Town of **Barnes**

| Gov't Lot | Lot | Block | Subdivision | CSM# |
|-----------|-----|-------|-------------|------|
|-----------|-----|-------|-------------|------|

For: **Residential Accessory Structure: [1- Story; Boathouse (12' x 8') = 96 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. As regulated in Bayfield County Title 13 Ch 1 Article B Sec 13-1-22(a)(6)6

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

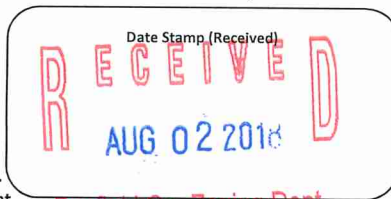
August 8, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



| | |
|--------------|--------------|
| Permit #: | 18-0289 |
| Date: | 8-8-18 |
| Amount Paid: | \$100 8-3-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.

Steps to the \$100

FILL OUT IN INK (NO PENCIL)

| | | | | | | | |
|---|---|--|---|--------------------------------|------------------------|-------------------------|--------------|
| TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | | | | | |
| Owner's Name: <u>James E Nordrum</u> | Mailing Address: <u>498 County Rd</u> | City/State/Zip: <u>Wausau, WI 55797</u> | Telephone: <u>218 590-2076</u> | | | | |
| Address of Property: <u>1143 Circle Rd</u> | City/State/Zip: <u>Barnes WI 54873</u> | Cell Phone: <u>Same</u> | | | | | |
| Contractor: <u>Self</u> | Contractor Phone: <u>(218) 590-2076</u> | Plumber: <u>N/A</u> | Plumber Phone: | | | | |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Nine (Self)</u> | Agent Phone: <u>(218) 590-2076</u> | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| PROJECT LOCATION <u>1/4, 1/4</u> | Legal Description: (Use Tax Statement) <u>2654</u> | Recorded Document: (Showing Ownership) <u>344-10591 - 218 620-375</u> | | | | | |
| Gov't Lot | Lot(s) <u>9</u> | CSM | Vol & Page <u>1.1122</u> | CSM Doc # | Lot(s) No. <u>9</u> | Block(s) No. | Subdivision: |
| Section <u>S19</u> , Township <u>T45</u> N, Range <u>R09</u> W | | Town of: <u>Barnes</u> | | Lot Size <u>100' X 795'</u> | | Acreage <u>2.200</u> | |

| | | | | |
|---|---|--|--|--|
| <input checked="" type="checkbox"/> Shoreland → | <input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : <u>10</u> feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|--|---|--|--|---|--|
| \$ <u>3,000</u> | <input checked="" type="checkbox"/> New Construction | <input type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input checked="" type="checkbox"/> Post | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>CONU</u> | |
| | <input type="checkbox"/> Relocate (existing bldg) | <input checked="" type="checkbox"/> Steps | | | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | |
| | <input type="checkbox"/> Run a Business on Property | | <input checked="" type="checkbox"/> Use | <input checked="" type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | |
| | <input type="checkbox"/> | | <input checked="" type="checkbox"/> Year Round | | <input type="checkbox"/> Compost Toilet | |
| | | | <input type="checkbox"/> | | <input type="checkbox"/> None | |

| | | | |
|---|-------------------|-----------------|------------------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: <u>26</u> | Width: <u>4</u> | Height: <u>2</u> |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|---------------|----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (X) | |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2 nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2 nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input type="checkbox"/> | Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Conditional Use: (explain) <u>landing @ Base with two steps</u> | (6' X 7') | 42' 39" IN |
| | <input checked="" type="checkbox"/> | Other: (explain) <u>Land Use Permit (Steps to H20)</u> | (20' X 48") | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): James E Nordrum - Laurie Nordrum Date: 7/30/18
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

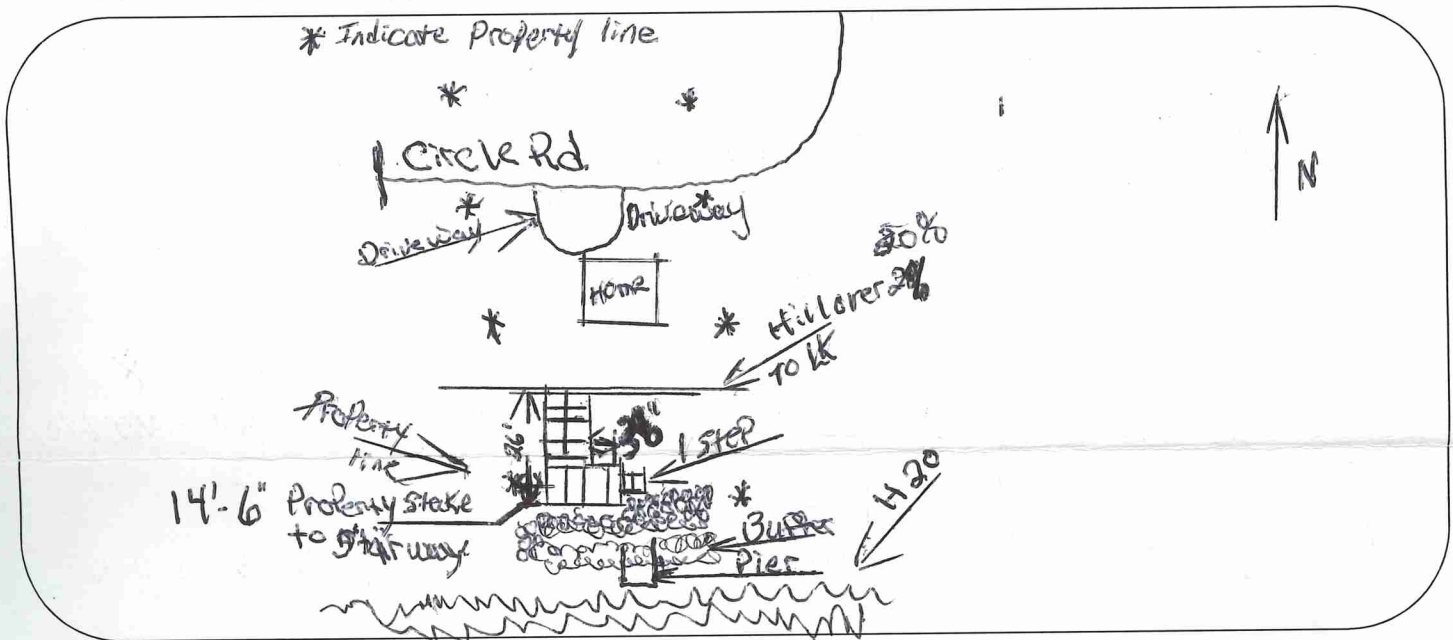
Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 498 County Rd 18 Wausau, WI 55797
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

MISSING HIGHLIGHTED INFO 8-8-18

- (1) Show Location of: **Proposed Construction**
 (2) Show / Indicate: **North (N) on Plot Plan**
 (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
 (4) Show: **All Existing Structures on your Property**
 (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
 (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
 (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

| Description | Measurement | Description | Measurement |
|--|-------------|---|---|
| Setback from the Centerline of Platted Road | Feet | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | Feet | Setback from the River, Stream, Creek | Feet |
| | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | Feet | | |
| Setback from the South Lot Line | 14'-6" | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | 20% Slope Area on the property | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Setback from the East Lot Line | Feet | Elevation of Floodplain | Feet |
| | | | |
| Setback to Septic Tank or Holding Tank | Feet | Setback to Well | Feet |
| Setback to Drain Field | Feet | | |
| Setback to Privy (Portable, Composting) | Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: **ALL** Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--|--|---|---|---|
| Issuance Information (County Use Only) | | Sanitary Number: | # of bedrooms: | Sanitary Date: |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 18-0289 | | Permit Date: 8-8-18 | | |
| Is Parcel a Sub-Standard Lot | <input checked="" type="checkbox"/> Yes (Deed of Record) 344-10 <input type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required |
| Is Parcel in Common Ownership | <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Inspection Record: STAKED - Sand H₂O Into | | | | Zoning District (R-1) Lakes Classification (2) |
| Date of Inspection: 8-7-18 | | Inspected by: ADD | | Date of Re-Inspection: |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | |
| Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. | | | | |
| Signature of Inspector: ADD | | | | Date of Approval: 8/8/18 |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

wn, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0289** Issued To: **James & Laurie Nordrum**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **19** Township **45** N. Range **9** W. Town of **Barnes**

E 100' of W 725' of

Gov't Lot Lot **9** Block Subdivision CSM#

For: **Residential Other: [Stairs to the Lake (6' x 7') (20' x 48') = 1,008 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
Date Stamp (Received)
JUL 27 2018
Bayfield Co. Zoning Dept.

ENTERED

| | |
|--------------|-------------|
| Permit #: | 18-0890 |
| Date: | 8-8-18 |
| Amount Paid: | \$75 8-8-18 |
| Refund: | |

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

25000 = \$75
\$3 X 1000

FILL OUT IN INK (NO PENCIL)

| | | | |
|--|--|---|--|
| TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER | | | |
| Owner's Name: <u>Shawn McNeill</u> | Mailing Address: <u>Barnes</u> | City/State/Zip: <u>Barnes</u> | Telephone: <u>218-391-3300</u> |
| Address of Property: <u>2040 Pine Chip Dr</u> | City/State/Zip: <u>Barnes</u> | | Cell Phone: <u>218-391-3300</u> |
| Contractor: <u>Self</u> | Contractor Phone: | Plumber: | Plumber Phone: |
| Authorized Agent: (Person Signing Application on behalf of Owner(s)) | Agent Phone: | Agent Mailing Address (include City/State/Zip): | Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PROJECT LOCATION <u>1/4, 1/4</u> | Legal Description: (Use Tax Statement) <u>Gov't Lot 1, 2, 3</u> | Tax ID# <u>4023</u> | Recorded Document: (Showing Ownership) <u>709 427</u> |
| Section <u>8</u> , Township <u>45</u> N, Range <u>9</u> W | Coverage <u>876/4</u> | CSM Doc # <u>1, 2, 3</u> | Block(s) No. <u>Running Bears Add to Potawatomee</u> |
| Town of: <u>Barnes</u> | | Lot Size <u>200 X 300</u> | Acreage <u>1.2</u> |

| | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> Shoreland | <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue → | Distance Structure is from Shoreline : _____ feet | Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue → | Distance Structure is from Shoreline : _____ feet | | |
| <input type="checkbox"/> Non-Shoreland | | | | |

| Value at Time of Completion * include donated time & material | Project | # of Stories | Foundation | # of bedrooms in structure | What Type of Sewer/Sanitary System Is on the property? | Type of Water on property |
|--|---|---|--|---------------------------------------|---|--|
| \$ <u>23,000</u> | <input checked="" type="checkbox"/> New Construction | <input checked="" type="checkbox"/> 1-Story | <input type="checkbox"/> Basement | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> Municipal/City | <input type="checkbox"/> City |
| | <input checked="" type="checkbox"/> Addition/Alteration | <input type="checkbox"/> 1-Story + Loft | <input checked="" type="checkbox"/> Foundation | <input type="checkbox"/> 2 | <input type="checkbox"/> (New) Sanitary Specify Type: _____ | <input checked="" type="checkbox"/> Well |
| | <input type="checkbox"/> Conversion | <input type="checkbox"/> 2-Story | <input type="checkbox"/> _____ | <input type="checkbox"/> 3 | <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Relocate (existing bldg) | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Run a Business on Property | <input type="checkbox"/> _____ | Use <input type="checkbox"/> Year Round | <input type="checkbox"/> None | <input type="checkbox"/> Portable (w/service contract) | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> Compost Toilet | <input type="checkbox"/> _____ |
| | | | | | <input type="checkbox"/> None | |

| | | | |
|---|---------|--------|---------|
| Existing Structure: (if permit being applied for is relevant to it) | Length: | Width: | Height: |
| Proposed Construction: | Length: | Width: | Height: |

| Proposed Use | ✓ | Proposed Structure | Dimensions | Square Footage |
|---|-------------------------------------|--|---------------------------|-----------------|
| <input checked="" type="checkbox"/> Residential Use | <input type="checkbox"/> | Principal Structure (first structure on property) | (<u>12</u> X <u>24</u>) | <u>existing</u> |
| | <input type="checkbox"/> | Residence (i.e. cabin, hunting shack, etc.) | (X) | |
| | | with Loft | (X) | |
| | | with a Porch | (X) | |
| | | with (2 nd) Porch | (X) | |
| | | with a Deck | (X) | |
| <input type="checkbox"/> Commercial Use | | with (2 nd) Deck | (X) | |
| | | with Attached Garage | (X) | |
| <input type="checkbox"/> Municipal Use | <input type="checkbox"/> | Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities) | (X) | |
| | <input type="checkbox"/> | Mobile Home (manufactured date) _____ | (X) | |
| | <input checked="" type="checkbox"/> | Addition/Alteration (specify) <u>Bed Room + Living Room</u> | (<u>16</u> X <u>36</u>) | |
| | <input type="checkbox"/> | Accessory Building (specify) _____ | (X) | |
| | <input type="checkbox"/> | Accessory Building Addition/Alteration (specify) _____ | (X) | |
| | <input type="checkbox"/> | Special Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Conditional Use: (explain) _____ | (X) | |
| | <input type="checkbox"/> | Other: (explain) _____ | (X) | |

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Shawn McNeill
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 7/24/2018

Authorized Agent: Kim M Jones (Koss)
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 7/24/18

Address to send permit _____

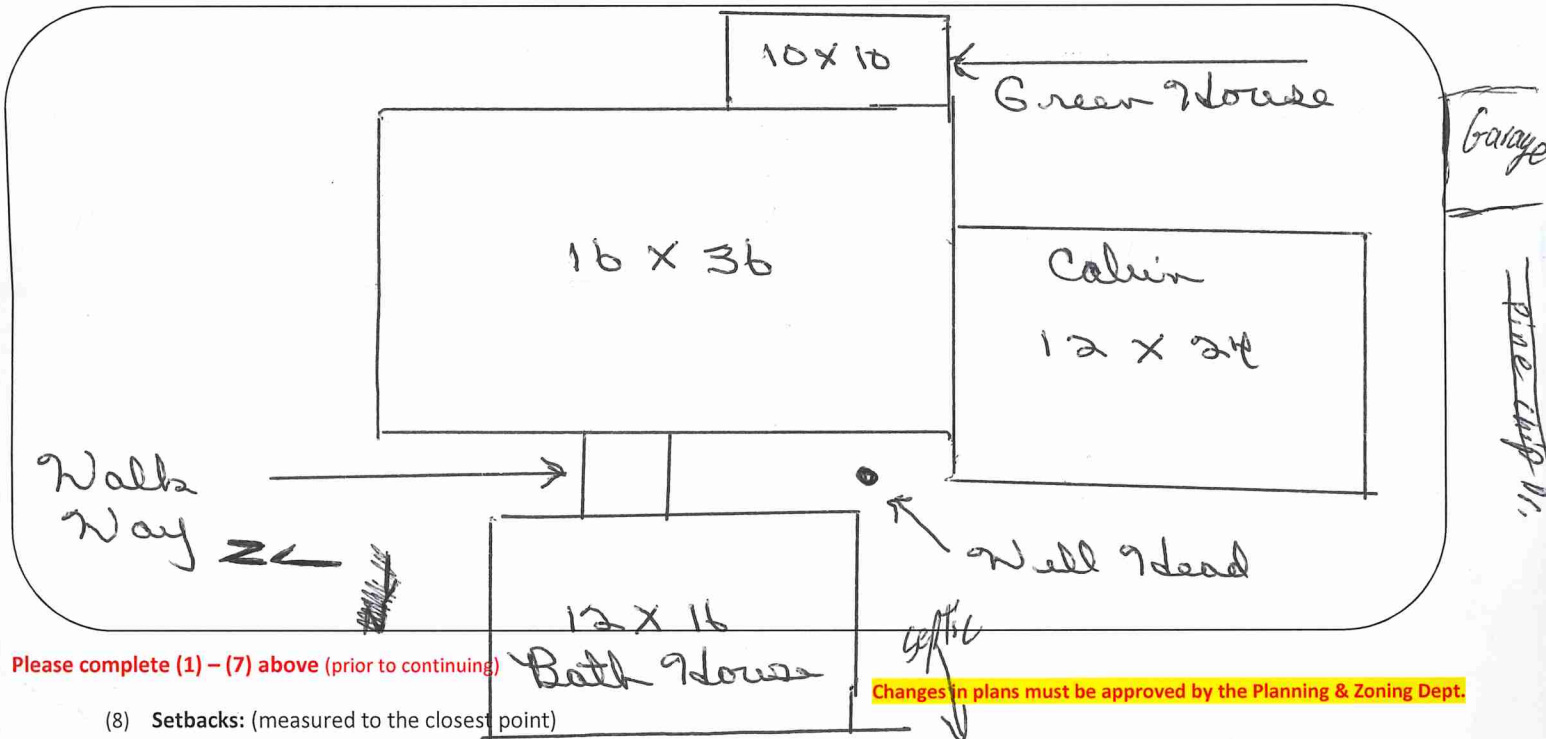
Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- Show Location of: Proposed Construction
 (2) Show / Indicate: North (N) on Plot Plan
 (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
 (4) Show: All Existing Structures on your Property
 (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

| Description | Measurement | Description | Measurement |
|---|-------------|--|---|
| Setback from the Centerline of Platted Road | 80 Feet | Setback from the Lake (ordinary high-water mark) | — Feet |
| Setback from the Established Right-of-Way | — Feet | Setback from the River, Stream, Creek | — Feet |
| Setback from the North Lot Line | 40 Feet | Setback from the Bank or Bluff | — Feet |
| Setback from the South Lot Line | 60 Feet | Setback from Wetland | — Feet |
| Setback from the West Lot Line | 100 Feet | 20% Slope Area on the property | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Setback from the East Lot Line | 100 Feet | Elevation of Floodplain | — Feet |
| Setback to Septic Tank or Holding Tank | 60 Feet | Setback to Well | 3 Feet |
| Setback to Drain Field | 70 Feet | | |
| Setback to Privy (Portable, Composting) | — Feet | | |

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
 The local Town, Village, City, State or Federal agencies may also require permits.

| | | | | |
|--|---|---|---|-------------------------------|
| Issuance Information (County Use Only) | | Sanitary Number: 07-565 | # of bedrooms: 2 | Sanitary Date: 5/30/07 |
| Permit Denied (Date): | | Reason for Denial: | | |
| Permit #: 18-0290 | | Permit Date: 8-8-18 | | |
| Is Parcel a Sub-Standard Lot | <input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No | Mitigation Required | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Required |
| Is Parcel in Common Ownership | <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No | Mitigation Attached | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Affidavit Attached |
| Is Structure Non-Conforming | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Granted by Variance (B.O.A.) | | Previously Granted by Variance (B.O.A.) | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: | | |
| Was Parcel Legally Created | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Were Property Lines Represented by Owner | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was Proposed Building Site Delineated | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Was Property Surveyed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Inspection Record: STATED | | Zoning District (R-1) Lakes Classification (N/A) | | |
| Date of Inspection: 7/31/18 | Inspected by: Abela | Date of Re-Inspection: | | |
| Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) | | | | |
| Condition: A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks. | | | | |
| Signature of Inspector: Abela | | Date of Approval: 8/8/18 | | |
| Hold For Sanitary: <input type="checkbox"/> | Hold For TBA: <input type="checkbox"/> | Hold For Affidavit: <input type="checkbox"/> | Hold For Fees: <input type="checkbox"/> | <input type="checkbox"/> |

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **07-56S (5/30/2007)**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0290** Issued To: **Shawn McMullen & Kim Foss**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **8** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **1-3** Block Subdivision **Running Bears Add to Potawatomi** CSM#

For: **Residential Addition / Alteration: [1- Story; Bedroom/Living Room (16' x 36') = 576 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

August 8, 2018

Date